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JUL 2 4 2008

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Under the Paperwork Reduction Act of 1995 no persons are required to re Effective on 12/08/2004.		Complete if Known
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/785,587
FEE TRANSMITTAL	Filing Date	February 24, 2004
For FY 2008	First Named Inventor	MASAO NORO
	Examiner Name	Paul, Disler
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2615

TOTAL AMOUNT OF PAYMENT	(\$) 930.00)	Attorney Docke	et No. 051	1270-030845	i <u>5</u>				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
under 37 CFR 1.16 WARNING: Information on this form a information and authorization on PTC	may become public. Cred		21 0.00	it any overpay	-	rovide credit card				
FEE CALCULATION										
	LING FEES Small Entity	SEAR	RCH FEES Small Entity	\$	ATION FEES Small Entity					
	(\$) Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees Paid (\$)				
Utility 310		510	255	210	105					
Design 210		100	50	130	65					
Plant 210		310	155	160	80					
Reissue 310	0 . 155	510	255	620	310					
Provisional 21	0 105	0	0	0	0					
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (includ Each independent claim ov Multiple dependent claims	ver 3 (including Reiss	-	- - 1-1 (♠\		Fee (\$) 50 210 370	Small Entity Fee (\$) 25 105 185				
Total Claims Extra	a Claims Fee (\$) x	<u> </u>	Paid (\$)	*	Multiple De Fee (\$)	ependent Claims Fee Paid (\$)				
HP = highest number of total claims Indep. Claims - 3 or HP = HP = highest number of independent	paid for, if greater than 20. a Claims Fee (\$)	<u>Fee</u>	Paid (\$)			1 00 1 010 171				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x										
4. OTHER FEE(S) Non-English Specification	•	•	•	T-4	CT: (\$120)	Fees Paid (\$)				
Other (e.g., late filing surch	harge): KCE (\$810)/	Petition	for Une-Mont	Extension o	f Time(\$120)	Fees 930.00				

SUBMITTED BY						
Signature	an n. me	Registration No. (Attorney/Agent)	48,468	•	Telephone	213.488.7253
Name (Print/Type)	Mark R. Kendrick				Date	July 21, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Fees Paid (\$)

930.00

PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

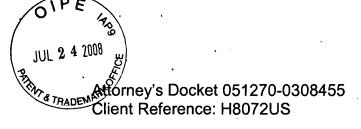
Under the Paperwork Reduct	ion Act of 19	95 no persons are requ	ired to re				PARTMENT OF COMMERCE a valid OMB control number		
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				Examiner Name	e	Paul, Disler			
Applicant claims small	entity stati	us. See 37 CFR 1.23		Art Unit		2615			
TOTAL AMOUNT OF PAY	MENT (\$) 930.00		Attorney Docke	t No.	051270-030845	51270-0308455		
METHOD OF PAYMEN	T (check a	all that apply)							
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization FEE CALCULATION	On F10-203								
1. BASIC FILING, SEAF	FILING	FEES		CH FEES	EXAM	IINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)		
Utility	310	155	510	255	210	105	<u></u>		
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Small Entity Fee (\$) Fee (\$) Fee (\$) Multiple Dependent Claims Multiple Dependent Claims									
- 20 or HP = HP = highest number of total Indep. Claims - 3 or HP =	Extra Clai	<u>ms Fee (\$)</u> x=	=	Paid (\$)	·	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 100 =									

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Signature	an n. me	Registration No. (Attorney/Agent)	48,468	Telephone	213.488.7253
Name (Print/Type)	Mark R. Kendrick			Date	July 21, 2008

Other (e.g., late filing surcharge): RCE (\$810)/Petition for One-Mont Extension of Time(\$120) Fees

Non-English Specification, \$130 fee (no small entity discount)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:

Confirmation Number: 3201

MASAO NORO ET AL.

Application No.: 10/785,587

Group Art Unit: 2615

Filed: February 24, 2004

Examiner: Paul, Disler

For: Array Driving System and Method of Driving Loads

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for a one-month extension of time under 37 C.F.R. 1.136.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

										•
	CLAIMS									
•	REMAINING	HIGH	EST NO.							
	AFTER	PREV	/IOUSLY	PRI	ESENT				ADDI ⁻	Γ
	AMENDMENT PAID FOR		EXTRA RATE		TE ·		FEE			
						Х				
TOTAL	6	_	20	=	0	\$	50.00	=	_\$	0.00
						X				
INDEP.	3		3	=	0	\$	210.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. +										
CLAIM	•		1 1 27 27			\$	370.00	=	\$	0.00
TOTAL ADDITIONAL CLAIM FEE									\$	0.00
									\$	120.00
	EXTENSION OF TIME FEE									



GRAND TOTAL

\$

120.00

FEE PAYMENT

Authorization is hereby made to charge the amount of \$120.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date:

July 21, 2008

PILLSBURY WINTHROP SHAW PITTMAN LLP

725 South Figueroa Street

Suite 2800

Los Angeles, CA 90017-5406

213 488.7253

TARKE VENERION

MARK R. KENDRICK Reg. No. 48,468

CERTIFICATION UNDER 37 C.F.R. [] 1.8 and/or 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: July 21, 2008

KUMIKO ALEXANDER

(type or print name of person certifying)

^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under \$\mathbb{I}\$ 1.8 continues to be taken into account in determining timeliness. See \$\mathbb{I}\$ 1.703(f). Consider "Express Mail Post Office to Addressee" (\$\mathbb{I}\$ 1.10) or facsimile transmission (\$\mathbb{I}\$ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

GRAND TOTAL

120.00

FEE PAYMENT

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Suite 2800

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MARK R. KENDRICK

Reg. No. 48,468

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